

MDR Tracking Number: M5-04-3141-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 5-18-04.

The IRO reviewed electrodes rendered on 11-04-03 that were denied based upon “U”.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 8, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor’s receipt of the Notice.

The nerve stimulator CPT Code E0745 was denied as “A - The procedure requires prior authorization.” Per Rule 134.600 (h) (11): the non-emergency health care requiring preauthorization includes: all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental). Therefore, no reimbursement is recommended.

This Decision is hereby issued this 27th day of August, 2004

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

August 18, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3141-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

The file contains minimal documentation, with a letter of explanation from the requestor, a narrative of Dr. R, 3 dates of physical medicine from Dr. B (August 6th, 15th and 22nd of 2003), along with a prescription for a muscle stimulator.

CLINICAL HISTORY

This patient was treated by Dr. B for bilateral hand pain, which was reported on December 12, 2001. The patient was diagnosed with carpal tunnel syndrome and was treated with physical medicine for the pain. He eventually was referred to Dr. R and underwent a left carpal tunnel release. This surgery was performed on May 1, 2002 and the result positive, according to the records of Dr. R. It was recommended that the patient undergo work hardening for his rehabilitation program. No records are presented that indicate this was actually performed.

DISPUTED SERVICES

The carrier has denied the medical necessity of electrodes on November 4, 2003.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The file contains very little documentation regarding this patient's condition, but what is available does state that the patient's CTS surgery was successful and he was to undergo active rehabilitation in the form of a work hardening program. There is no indication that this patient could have benefited from a muscle stimulation unit a full 2 years past the date of injury, especially considering that he was performing active treatment 6 months before the date of service. These supplies have no basis for necessity which is established by the requestor. The clarification letter gave no information regarding the electrode necessity, but rather was a letter of apology to the carrier for not being familiar with the preauthorization requirements of Texas. As a result, the reviewer is unable to find any documentation that would indicate that this treatment was medically necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,